## Integrated Health Care Delivery Models For Children With Special Health Care Needs



**Debra B Waldron, MD, MPH, FAAP** Vice Chair Child Health Policy and

Statewide Services
University of Iowa Children's Hospital

Chief Medical Officer and Director Division of Child and Community Health Department of Pediatrics

debra-waldron@uiowa.edu

Vickie Miene, MS, MA, LMHC

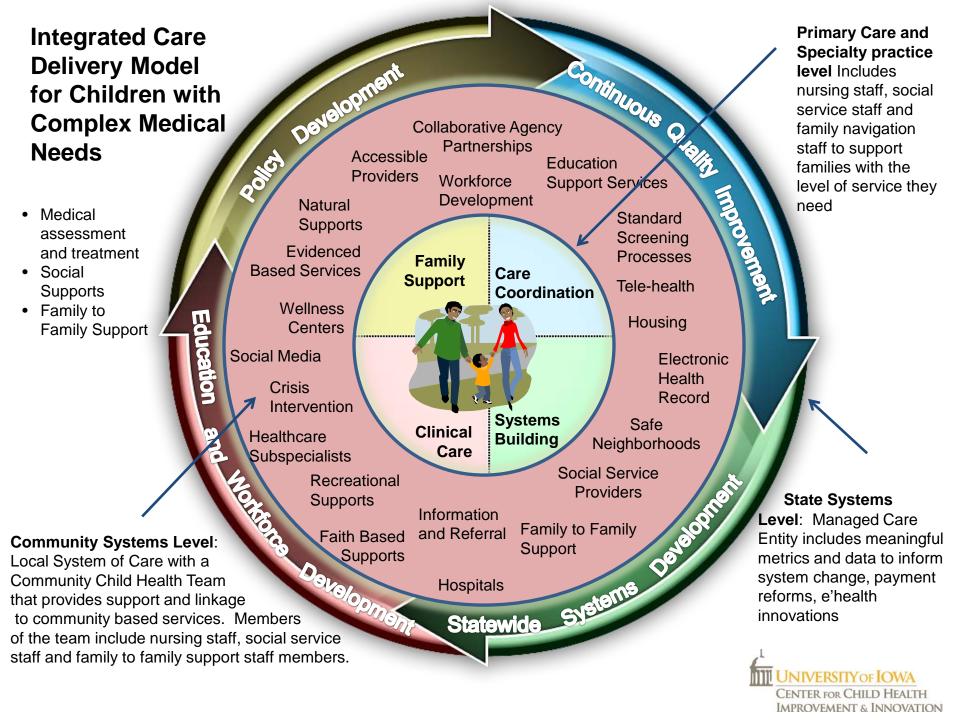
Executive Director
Center for Child Health Improvement and
Innovation

Division of Community and Child Health, Department of Pediatrics

vickie-miene@uiowa.edu

**Percent Of Pediatric** ✓ Medical diagnosis or condition is severe enough to impair a major body system and/or health status. **Patients Covered By** ✓ Condition frequently becomes unstable or has an unpredictable **Medicaid With** course. ✓ Condition requires medical management from one or more specialist Critical, Complex, Tier 4 to maintain health. ✓ Frequent hospitalizations or visits to ER. Chronic, and Non-Critical ✓ Frequent consultations with or treatments from one or more **Chronic Needs** (0.4%)specialist. CRG: 7-9 ✓ Medical diagnosis has complex or long-term effects on health. ✓ Condition usually stable, however illness or crisis Tier 3 exacerbates conditions. Clinical Risk Groups Chronic and Complex ✓ Regular physician visits. (CRG) are used to predict ✓ Condition requires medical management from one or (5%) future use of healthcare more specialist to maintain health. CRG: 5B-6 resources. ✓ Periodic consultation with or treatment from one or more specialist. ✓ Medical diagnosis with limited effects on health. Tier 2 ✓ Condition is stable and the course of treatment is predictable. Chronic ✓ Routine preventive care with primary care (17%) physician. ✓ May see specialist annually for consultation. CRG: 3-5A ✓ No special health care needs. Tier 1 Non-Chronic Data from the Children's Hospital Association. (78%)Percentages of U.S Medicaid Enrollees based on CRG: 1-2 Kaiser Family Foundation estimates of average monthly users. IIII UNIVERSITY OF IOWA

**IMPROVEMENT & INNOVATION** 



## **System of Care Values and Principles**

## **Pediatric Managed Care Organization**

- Database administration
- Risk adjustment and incentive management

Technical Assistance and **Evaluation Entity** 

**Culturally and Linguistically Competent** 

Natural



Multiple Locally Based **Pediatric Providers** 

- Data analysis at patient, practice, and population levels
- Testing for meaningful metrics
- System progress evaluation and reporting
- Practice transformation /Quality Improvement
- **Technical Assistance and Training** regarding special populations

- Patient engagement
- Multi disciplinary care coordination teams
- Family-to-Family support
- Linkage to accessible community based services and supports
- **Quality Improvement**

Family Driven and Youth Guided

tcome

Oriented